

August 20, 2013

*We hired this law firm to try
to work with Green Trees.
We even offered between \$18,000, or
to \$20,000 (we borrowed) they said no. I said*
Law Offices of Sklar Smith-Sklar

www.njpalaw.com

mail@njpalaw.com

Candyce I. Smith-Sklar, Ph.D.

Keith D. Sklar

Attorneys at Law

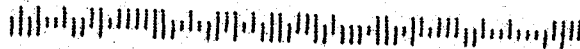
1901 N. Olden Ave., Suite 22
Ewing, New Jersey 08618

(609) 882-9800
Fax: (609) 538-1399

Residential Capital, LLC
c/o KCC
2335 Alaska Ave
El Segundo, CA 90245

FIRST CLASS
U.S. POSTAGE
PAID
PERMIT # 1482
SAN DIEGO, CA

11079852
George Davis
52 Poor Farm Road
Pennington, NJ 08534



In re Residential Capital, LLC, et al.
Case No. 12-12020 (MG)

In connection with the In re Residential Capital, LLC, et al., Case No. 12-12020 (MG) bankruptcy case, you recently received a Notice of Disclosure Statement Hearing. On page 4 of the Notice is a legend directing borrowers to call SilvermanAcampora LLP at an incorrect number for questions regarding the case. The correct number for SilvermanAcampora LLP is 866-259-5217.

For additional information, please call the ResCap Restructuring Line at 888-251-2914 or visit www.kccllc.net/rescap.

Talked to a Chris Rubino on 8/19/13



340 E Maple Avenue · Suite 307
Langhorne PA 19047
toll free 877-614-7452
office 215-710-8129
fax 877-253-1691
info@choice1mortgagerelief.com

1/4/2012

George and Alicja Davis
52 Poor Farm Road
Pennington, NJ 08534

RE: GMAC Modification

George and Alicja,

GMAC denied the FIRST request for modification of your mortgage but we can re-submit documents to them but all documents must be current date.

I am enclosing documents which I need both yourself and Alicja to sign, date where it is highlighted and return to us in the enclosed PREPAID US Postal Service envelope as soon as possible. I cannot stress the urgency of getting all these documents back to us in a timely manner.

Also, GMAC would like to see all pages of the 2009 and 2010 Tax Returns (we only have 2 pages of each from you) as well as you 2012 Social Security Award Letters, 2 most recent Bank Statements and 2 most recent Pay Stubs.

Please call me if you have ANY questions /concerns.

Thank you in advance.

A handwritten signature in cursive script that reads "Bridget Melso".

Bridget Melso

CHOICE 1 MORTGAGE RELIEF

340 E. MAPLE AVENUE, SUITE 307
877 614 7452
877 253 1691
WWW.CHOICE1MORTGAGERELIEF.COM
BMELSO@CHOICE1MORTGAGERELIEF.COM

To:	George and Alicja Davis	From:	BRIDGET MELSO
Fax:	{609} 737-3868	Date:	3/21/2012 1:53:34 PM
Phone:	1609/7126480	Re:	DAVIS# 0601741467

Comments

I LOOK FORWARD TO RECEIVING ALL THESE DOCUMENTS FROM YOU BOTH ON 3/22/2012

THANK YOU IN ADVANCE.

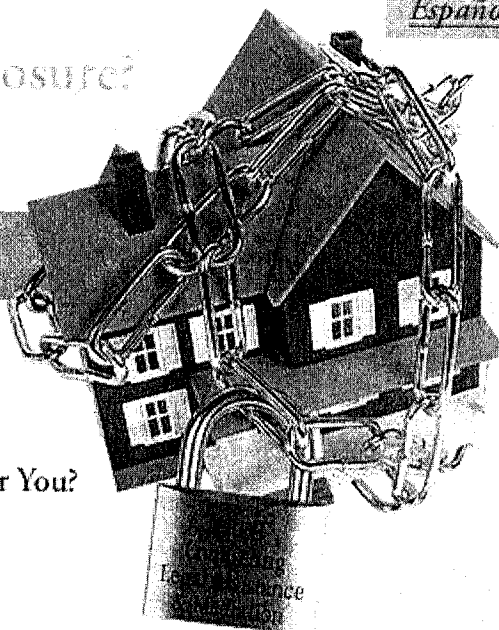
facsimile

NJ JUDICIARY FORECLOSURE MEDIATION PROGRAM

Is your home in foreclosure?
Help is available...

1-888-989-5277 [online form](#)

- Program Home & Details
- What is Foreclosure Mediation?
- Is Foreclosure Mediation Right for You?
- 3 Easy Steps to Sign Up
- Additional Resources
- Attorney Volunteer Form



Español

NJ Judiciary Foreclosure Mediation Program

Providing housing counselors, lawyers, and mediators to homeowners facing foreclosure.

Call Toll Free: 1-888-989-5277

The Foreclosure Mediation Hotline is open from 8 a.m. to 6 p.m. Monday through Friday.

If the hotline is busy due to heavy call volume, visit www.lsnjlaw.org/foreclosure and complete the [online form](#). Someone will get back to you as soon as they can. All submissions are responded to in the order they are received.

Quiero llenar la encuesta sobre la ejecución hipotecaria en español.

Don't delay any longer, help is available.

A partnership of The Judiciary, the Office of the Attorney General, the Housing & Mortgage Finance Agency, Legal Services of New Jersey, the Office of the Public Advocate and, the Department of Banking and Insurance.



Site maintained by NJOAG - technical inquiries only: [email](#)

THIRD PARTY AUTHORIZATION and AGREEMENT TO RELEASE

Please complete and return if you want us to speak with your Real Estate Agent, or any other designated third party on your behalf.

Account Number: _____ Name: _____
Property Address: _____



Before you sign this authorization, please be aware that...

- There is never a fee to get assistance or information about the Making Home Affordable program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house.
- Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- ONLY use HUD certified counseling agencies: Call **1.800.CALL.FHA** to find a HUD-certified housing counseling agency.
- Never make your mortgage payments to any one other than your mortgage company without their approval.

I/we do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to:

BANK OF AMERICA of 3400 W. 20th Ave. DECATUR in his/her capacity as
Name Company Name

TRUSTEE 315-7100-3412 TRUSTEE@BANKOFAMERICA.COM
Relationship (if applicable) Phone Number Email Address

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above named requestor or person identifying themselves to be that requestor.

If you agree to this Authorization and the terms of the Release as stated above, please sign, date, and return with the Financial Analysis form

NOTE: No information concerning your account will be provided until we have received this executed document. The **authorization needs to be in the name of an individual (not a company)** and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

_____ Borrower Printed Name	_____ Borrower Signature	_____ Date
_____ Co-Borrower Printed Name	_____ Co-Borrower Signature	_____ Date

SIGN HERE

Mortgage Information Pg 8 of 24

THIRD PARTY AUTHORIZATION and AGREEMENT TO RELEASE

Please complete and return if you want us to speak with your Real Estate Agent, or any other designated third party on your behalf.

Account Number: 0601741467

Name: George Davis

Property Address: 52 Poor Farm Rd. Pennington NJ 08534



Before you sign this authorization, please be aware that...

- There is never a fee to get assistance or information about the Making Home Affordable program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house.
- Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- ONLY use HUD certified counseling agencies: Call 1.800.CALL.FHA to find a HUD-certified housing counseling agency.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

I/we do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to:

_____ of _____ in his/her capacity as
Name Company Name

_____ Relationship (if applicable) Phone Number Email Address

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above named requestor or person identifying themselves to be that requestor

If you agree to this Authorization and the terms of the Release as stated above, please sign, date, and return with the Financial Analysis form

NOTE: No information concerning your account will be provided until we have received this executed document. The authorization needs to be in the name of an individual (not a company) and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

Borrower Printed Name

Borrower Signature

Date

Co-Borrower Printed Name

Co-Borrower Signature

Date



Form **4506T-EZ**

(October 2009)

Department of the Treasury
Internal Revenue Service

Short Form Request for Individual Tax Return Transcript

Request may not be processed if the form is incomplete or illegible.

OMB No. 1545-2154

Tip: Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge.

1a Name shown on tax return. If a joint return, enter the name shown first.

George DAVIS, Jr.

1b First social security number on tax return

[REDACTED]

2a If a joint return, enter spouse's name shown on tax return.

Alicja DAVIS

2b Second social security number if joint tax return

[REDACTED]

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code

52 POOR FARM ROAD PENNINGTON, N.J. 08534

4 Previous address shown on the last return filed if different from line 3

N/A

5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name

GMAC Mortgage, LLC

Telephone number

1-800-766-4622

Address (including apt., room, or suite no.), city, state, and ZIP code

233 Gibraltar Road Suite 600 Horsham PA 19044

6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

2009

2008

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in line 6. Completing these steps helps to protect your privacy.

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a. If the request applies to a joint return, either husband or wife must sign.

Note. This form must be received within 60 days of signature date.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 54185S

Form **4506T-EZ** (10-2009)

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate a third party (such as a mortgage company) to receive a transcript on line 5. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a fiscal tax year (that is, a tax year beginning in one calendar year and ending in the following year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request the following.

- A transcript of a business return (including estate and trust returns).
- An account transcript (contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed).
- A record of account, which is a combination of line item information and later adjustments to the account.
- A verification of nonfiling, which is proof from the IRS that you did not file a return for the year.
- A Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.

Form 4506-T can also be used for requesting tax return transcripts.

Automated transcript request. You can call 1-800-829-1040 to order a tax return transcript through the automated self-help system. You cannot have a transcript sent to a third party through the automated system.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when that return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different RAIVS teams, send your request to the team based on the address of your most recent return.

Where to mail . . .

If you filed an individual return and lived in:

Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia

Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address

Alaska, Arizona, California, Colorado, District of Columbia, Hawaii, Idaho, Iowa, Kansas, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, New York, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Vermont, Washington, Wisconsin, Wyoming

Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
P.O. Box 47-421
Stop 91
Doraville, GA 30362
770-455-2335

RAIVS Team
Stop 6716 AUSC
Austin, TX 73301
512-460-2272

RAIVS Team
Stop 37106
Fresno, CA 93888
559-456-5876

RAIVS Team
Stop 6705-B41
Kansas City, MO 64999
816-292-6102

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 60 days of the date signed by the taxpayer or it will be rejected.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 9 min.; Preparing the form, 18 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see Where to file on this page.

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ACKNOWLEDGEMENT AND AGREEMENT

Account Number 0601741467

In making this request for consideration to review my loan terms I/We certify under penalty of perjury:

- 1 That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our mortgage loan, short sale or deed-in-lieu of foreclosure.
- 2 I/we understand that the Servicer, the U.S. Department of the Treasury, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
- 3 I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
- 4 I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my/our home.
- 5 I/we understand any fee to validate the value of the property will be assessed to the account.
- (6) I/we have not received a condemnation notice; and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to modify.
- I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
- 8 I/we am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
- (9) I/we understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
- 10 I/we agree that any prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
- 11 I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on the loan.
- 12 I/we understand that the Servicer will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.
- 13 I/we agree that to be considered for the Making Home Affordable program all required documentation must be received no later than 7 business days prior to the scheduled foreclosure sale date. If the property is in the state of Florida, a complete package must be received 30 business days prior to the scheduled foreclosure sale date.
- 14 I/we understand the Servicer will not refer the account to foreclosure or conduct the foreclosure sale if already referred, while it is being reviewed for the Making Home Affordable program unless required by your investor. The review will not begin until all required documentation is received.
- 15 ☒ My/Our property is owner occupied; I/we intend to reside in this property for the next twelve months.
☐ My/Our property is not owner occupied.

George Davis
 Borrower Signature

Date

Co-Borrower Signature

Date



Please be aware we will not be able to process your request until all parts of the application have been completed and all supporting documentation has been supplied.

If you have questions about this document or the modification process, please call us at the phone number listed on your monthly account statement. If you need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

888-995-HOPE™
 Homeowner's HOPE™ Hotline

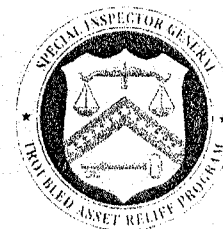
NOTICE TO BORROWERS

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing the enclosed documents you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sigtarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.



FINANCIAL ANALYSIS FORM

Mortgage Information Pg 12 of 24

Account Number 0601741467

BORROWER		CO-BORROWER	
Borrower's Name <i>George Davis</i>		Co-Borrower's Name <i>Abigail Davis</i>	
Social Security Number [REDACTED]	Date of Birth <i>8/5/41</i>	Social Security Number [REDACTED]	Date of Birth <i>8-25-46</i>
Home Phone Number With Area Code <i>(609) 599 6617</i>		Home Phone Number With Area Code <i>(609) 599 6617</i>	
Cell or Work Number With Area Code <i>(609) 599 6617</i>		Cell or Work Number With Area Code <i>NONE</i>	
Email Address <i>NONE</i>		Email Address <i>NONE</i>	
Mailing Address <i>52 Poorfarm Rd PENNINGTON, NJ</i>			
Property Address (If Same As Mailing Address, Write Same) <i>Same</i>			
I want to: <input checked="" type="checkbox"/> Keep the Property <input type="checkbox"/> Sell the Property		The property is my: <input checked="" type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment	
The property is: <input checked="" type="checkbox"/> Owner Occupied <input type="checkbox"/> Renter occupied <input type="checkbox"/> Vacant If Owner Occupied, include a recent utility bill in your name at the property address.			
If Renter Occupied, include a copy of the current lease agreement.			
Is the property listed for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Have you contacted a credit-counseling agency for help? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
For Sale by Owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please complete counselor contact information below.	
Agent's Name <i>NONE</i>		Counselor's Name:	
Agent's Phone Number: <i>NONE</i>		Counselor's Phone Number:	
Have you received an offer on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Counselor's Email:	
Date of offer: <i>2</i> Amount of Offer \$ <i>12</i>			
Who pays the Real Estate Tax bill on your property?		Who pays the hazard insurance policy for your property?	
Are the taxes current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is the policy current? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Condominium or HOA Fee Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Paid to: <i>Hope Webb TWP</i>			
Number of People in the Household <i>2</i>			
Have you filed for bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes: <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13 Filing Date:			
Has your bankruptcy been discharged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Bankruptcy Case Number:			
If there are additional Liens Mortgages or Judgments on this property, please name the person(s), company or firm and their telephone numbers.			
Lien Holder's Name Servicer		Balance Contact Number Loan Number	
<i>NONE</i>			

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request for a loan modification in person. If you do not wish to furnish the information, please check the box below.

BORROWER		CO-BORROWER	
<input type="checkbox"/> I do not wish to furnish this information		<input type="checkbox"/> I do not wish to furnish this information	
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino
Race:	<input checked="" type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Sex:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male

FINANCIAL ANALYSIS FORM (Continued)

Account Number 0601741467

INCOME/EXPENSES FOR HOUSEHOLD

1 - Monthly Household Income			2 - Household Assets		3 - Monthly Household Expenses/Debt	
	Borrower 1	Borrower 2	Estimated Value of this property	\$ 550,000	First Mortgage Payment	\$
	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Unemployed	Estimated Value of Other Real Estate Owned	\$	Alimony Payment	\$ 0
Gross Salary Wages	Income Frequency <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 1 st & 1 st 1 st & 30 th <input checked="" type="checkbox"/> Per Job	Income Frequency <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 1 st & 1 st 1 st & 30 th <input type="checkbox"/> Per Job	Checking Account(s) Balance	\$	Child Support Payment	\$ 0
Gross salary wages = total monthly income before any tax withholding or employer deductions	Employment Start Date <u>NONE</u>	Employment Start Date <u>NONE</u>	Saving Account(s) Money Market Balance	\$	Dependent Care Payment	\$ 0
	\$	\$	Life Insurance Cash Value	\$	Liens Rents	\$
			IRA Keogh Account(s) Balance	\$	Other Mortgages	\$ 0
			401K ESOP Account(s) Balance	\$	Personal Loans/Student Loans	\$ 0
			Stocks Bonds CDs Balance	\$	Auto Loans	\$ 550.00
Self-employed	\$	\$ - 0 -	Other Investments	\$	Auto Expenses	\$
Net Income	\$ - 0 -	\$ - 0 -			Auto Insurance	\$
Child Support	\$ - 0 -	\$ - 0 -			Medical Expenses	\$
Alimony Income*	\$ - 0 -	\$ - 0 -			Medical Insurance	\$
Social Security SSDI	\$ 1540.00	\$ 631.00			HOA Condo Fees	\$ 0
Other monthly income from pensions, annuities or retirement plans	\$ 0	\$ 0			Credit Card(s)	\$
Fees, commissions, and or bonus income	\$ 0	\$ 0			Installment Loans	\$
Rental income from investment property	\$ 0	\$ 0			Food Household Supplies	\$
Rental income from room rent of primary residence	\$ 0	\$ 0			Spending Money	\$ 0
Unemployment income	\$ 0	\$ 0			Utilities Water-Sewer Phone(s) Cable	\$
Food Stamps Welfare	\$ 0	\$ 0			Donations	\$ 1250.00
					Property Taxes (if not escrowed and included in your current mortgage payment)	\$
Other investment income, interest, dividends, etc.	\$ 0	\$ 0			Insurance - Hazard, wind, flood etc (if not escrowed and included in your current mortgage payment)	\$
					Other	\$
Total Income (Gross)	\$	\$	Total Assets	\$	Total Debt/Expenses	\$

***** ALL INCOME MUST BE DOCUMENTED *****

Include combined expenses from the borrower and co-borrower (if any).

If you include income and expenses from a household member who is not a borrower, please specify using a separate page if necessary.

*You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered by your servicer.

If additional space is needed, please include an additional page.

HARDSHIP AFFIDAVIT

I am having difficulty making my monthly payment because of financial difficulties created by (Please check all that apply):

<input type="checkbox"/> Borrower Death	<input checked="" type="checkbox"/> Reduction of Income	<input type="checkbox"/> Military Service	<input type="checkbox"/> Payment Adjustment
<input checked="" type="checkbox"/> Illness of Borrower	<input checked="" type="checkbox"/> Excessive Financial Obligations (Examples may be large medical bills, credit card debt, or college tuition payments)	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Ownership Transfer is Pending (If the home is in the process of being sold)
<input checked="" type="checkbox"/> Illness of Family Member	<input type="checkbox"/> Property Problem (Anything that may be defective about the property such as a costly repair that needs to be made)	<input checked="" type="checkbox"/> Business Failure (Examples would be loss of business income)	<input type="checkbox"/> Tenant not Paying
<input type="checkbox"/> Death of Family Member	<input type="checkbox"/> Inability to Sell Property	<input type="checkbox"/> Bankruptcy Filed	<input type="checkbox"/> Incarceration (Sentenced to a city, county, state, or federal jail)
<input type="checkbox"/> Marital Difficulties (Examples include going through a legal separation or filing for divorce)	<input type="checkbox"/> Inability to Rent Property	<input type="checkbox"/> Casualty Loss (Unexpected event such as hurricane, flood, or earthquake that damages the property)	
<input type="checkbox"/> Other			

Explanation Required:

If additional space is needed for Explanation, please include an additional page.

Exhibit A - 3 Month Self Employment Income Statement (Profit and Loss Form)

This form may be used if you are self-employed or a 1099 wage earner only.

BORROWER'S NAME George Davis

Account Number 0601741467

For each borrower who is self employed a Profit and Loss Statement is required for each business. If borrower has more than one business, we require a Profit and Loss Form for each business. The example document may be used to supply the required information.

Month and Year must be indicated. Use most recent consecutive months.	Month 1		Month 2		Month 3	
	Month	Year	Month	Year	Month	Year
Sales	\$		\$		\$	
Cost of Goods Sold	\$		\$		\$	
Gross Profit	\$		\$		\$	
Operating Expenses						
Advertising	\$		\$		\$	
Amortization	\$		\$		\$	
Auto Expenses	\$		\$		\$	
Bank Charges	\$		\$		\$	
Depreciation	\$		\$		\$	
Dues & Subscriptions	\$		\$		\$	
Employee Benefits	\$		\$		\$	
Insurance	\$		\$		\$	
Interest	\$		\$		\$	
Office Expenses	\$		\$		\$	
Payroll Taxes	\$		\$		\$	
Rent	\$		\$		\$	
Repairs & Maintenance	\$		\$		\$	
Salaries & Wages	\$		\$		\$	
Supplies	\$		\$		\$	
Taxes & Licenses	\$		\$		\$	
Telephone	\$		\$		\$	
Utilities	\$		\$		\$	
Other	\$		\$		\$	
Total Operating Expenses	\$		\$		\$	
Net Profit Before Taxes	\$		\$		\$	
Income Taxes	\$		\$		\$	
Net Profit After Taxes	\$		\$		\$	

Exhibit B - Investment Property Schedule

BORROWER'S NAME N/A

Account Number 0601741467

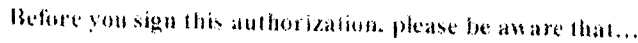
For each borrower who receives rental income from an investment property an Investment Property Schedule is required. If additional space is needed, please include an additional page.

Property Number	Property Street Address	Property City, State, and Zip Code	Number of Units (1, 2, 3, 4, or 5 -)	Status Circle All That Apply R - Rented V - Vacant PS - Pending Sale F - In Foreclosure	Gross Monthly Rental Income	Monthly Mortgage Payment (excluding taxes and insurance)	Monthly Insurance and Taxes	Monthly HOA/Condo Dues (if applicable)
Primary Residence	N/A			R V PS F	\$	\$	\$	\$
1				R V PS F	\$	\$	\$	\$
2				R V PS F	\$	\$	\$	\$
3				R V PS F	\$	\$	\$	\$
4				R V PS F	\$	\$	\$	\$
5				R V PS F	\$	\$	\$	\$
6				R V PS F	\$	\$	\$	\$
7				R V PS F	\$	\$	\$	\$
8				R V PS F	\$	\$	\$	\$
9				R V PS F	\$	\$	\$	\$
10				R V PS F	\$	\$	\$	\$
Totals				R V PS F	\$	\$	\$	\$

and AGREEMENT TO RELEASE

Please complete and return if you want us to speak with your Real Estate Agent, or any other designated third party on your behalf.

Account Number: _____ Name: _____
Property Address: _____



- There is never a fee to get assistance or information about the Making Home Affordable program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house.
- Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- **ONLY** use HUD-certified counseling agencies: Call **1.800.CALL.FHA** to find a HUD-certified housing counseling agency.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

I do hereby authorize my lender/mortgage servicer(s) to release or otherwise provide to:

Name _____ of _____ Company Name _____ in his/her capacity as _____

Relationship (if applicable)	Phone Number	E-mail Address
------------------------------	--------------	----------------

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

We, the lender mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but we have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we do hereby indemnify and forever hold harmless the lender mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender-servicer which I/we and/or my heirs may have resulting from the lender mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above named requestor or person identifying themselves to be that requestor.

If you agree to this Authorization and the terms of the Release as stated above, please sign, date, and return with the Financial Analysis form.

NOTE: No information concerning your account will be provided until we have received this executed document. The authorization needs to be in the name of an individual (not a company) and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

1. George Davis Jr. 1. George Davis Jr. 3/21/2012
 Borrower Printed Name Borrower Signature Date
 2. _____ 2. _____ 3/21/2012
 Co-Borrower Printed Name Co-Borrower Signature Date

SIGN HERE

ACKNOWLEDGEMENT AND AGREEMENT

In making this request for consideration under the Making Home Affordable Program I certify under penalty of perjury:

- 1 That all of the information in this document is truthful and the event(s) identified on page 1 is/are the reason that I need to request a modification of the terms of my mortgage loan, short sale or deed-in-lieu of foreclosure.
- 2 I understand that the Servicer, the U.S. Department of the Treasury, or its agents may investigate the accuracy of my statements, may require me to provide supporting documentation, I also understand that knowingly submitting false information may violate Federal law.
- 3 I understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
- 4 I understand that if I have intentionally defaulted on my existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my home.
- 5 That my property is owner-occupied; I intend to reside in this property for the next twelve months, I have not received a condemnation notice, and there has been no change in the ownership of the Property since I signed the documents for the mortgage that I want to modify.
- 6 I am willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
- 7 I understand that the Servicer will use the information in this document to evaluate my eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me assistance based solely on the statements in this document.
- 8 I am willing to commit to credit counseling if it is determined that my financial hardship is related to excessive debt.
- 9 I understand that the Servicer will collect and record personal information, including, but not limited to, my name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I understand and consent to the disclosure of my personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner Affordability and Stability Plan, (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.

x George D. Duff 3/21/2012
Borrower Signature Date

x 3/21/2012
Co-Borrower Signature Date

If you have questions about this document or the modification process, please call your servicer at _____. If you have questions about the program that your servicer cannot answer or need further counseling, you can call the Homeowner's HOPE Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

NOTICE TO BORROWERS

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing the enclosed documents you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sigtar.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.

THIRD PARTY AUTHORIZATION and AGREEMENT TO RELEASE

Please complete and return if you want us to speak with your Real Estate Agent, or any other designated third party on your behalf.

Account Number: _____ Name: _____
Property Address: _____



Before you sign this authorization, please be aware that...

- There is never a fee to get assistance or information about the Making Home Affordable program from your lender or a HUD-approved housing counselor.
- Beware of any person or organization that asks you to pay a fee in exchange for housing counseling services or modification of a delinquent loan.
- Beware of anyone who says they can "save" your home if you sign or transfer over the deed to your house.
- Do not sign over the deed to your property to any organization or individual unless you are working directly with your mortgage company to forgive your debt.
- ONLY use HUD certified counseling agencies: Call 1.800.CALL.FHA to find a HUD-certified housing counseling agency.
- Never make your mortgage payments to anyone other than your mortgage company without their approval.

I/we do hereby authorize (my lender/mortgage servicer) to release or otherwise provide to:

_____ of _____ in his/her capacity as
Name Company Name

Relationship (if applicable) Phone Number Email Address

public and non-public personal financial information contained in my loan account which may include, but is not limited to, loan balances, final payoff statement, loan payment history, payment activity, and/or property information.

We, the lender/mortgage servicer, will take reasonable steps to verify the identity of the 3rd party authorized above, but will have no responsibility or liability to verify the true identity of the requestor when he/she asks to discuss my account or seeks information about my account. Nor shall we, the lender/mortgage servicer, have any responsibility or liability for what the requestor may do with the information he/she obtains concerning my account.

I/we do hereby indemnify and forever hold harmless the lender/mortgage servicer, from all actions and causes of actions, suits, claims, attorney fees, or demands against the lender/servicer which I/we and/or my heirs may have resulting from the lender/mortgage servicer discussing my loan account and/or providing any information concerning the loan account to the above named requestor or person identifying themselves to be that requestor

If you agree to this Authorization and the terms of the Release as stated above, please sign, date, and return with the Financial Analysis form

NOTE: No information concerning your account will be provided until we have received this executed document. The authorization needs to be in the name of an individual (not a company) and a form needs to be completed for each authorized individual. All parties on the Mortgage must sign.

George Davis Jr. George Davis Jr. 3/21/2012
Borrower Printed Name Borrower Signature Date
X X 3/21/2012
Co-Borrower Printed Name Co-Borrower Signature Date



Dodd-Frank Certification

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). **You are required to furnish this information.** The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 *et seq.*), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or
- (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

X George Davis
Primary Borrower

3/21/2012
Date

X _____
Secondary Borrower

3/21/2012
Date

Mortgage Information Pg 19 of 24
ACKNOWLEDGEMENT AND AGREEMENT

Account Number

In making this request for consideration to review my loan terms I/We certify under penalty of perjury:

- 1 That all of the information in this document is truthful and the event(s) identified is/are the reason that I/we need to request a modification of the terms of my/our mortgage loan, short sale or deed-in-lieu of foreclosure.
- 2 I/we understand that the Servicer, the U.S. Department of the Treasury, or its agents may investigate the accuracy of my/our statements and/or may require me/us to provide supporting documentation. I/we also understand that knowingly submitting false information may violate Federal law.
- 3 I/we understand the Servicer will pull a current credit report on all borrowers obligated on the Note.
- 4 I/we understand that if I/we have intentionally defaulted on my/our existing mortgage, engaged in fraud or misrepresented any fact(s) in connection with this document, the Servicer may cancel any Agreement under Making Home Affordable and may pursue foreclosure on my/our home.
- 5 I/we understand any fee to validate the value of the property will be assessed to the account.
- 6 I/we have not received a condemnation notice; and there has been no change in the ownership of the Property since I/we signed the documents for the mortgage that I/we want to modify.
- 7 I/we certify that I/we will obtain credit counseling if it is determined that my/our financial hardship is related to excessive debt. For purposes of the Making Home Affordable program, "excessive debt" means that my/our debt-to-income ratio after the modification would be greater than or equal to 55%.
- 8 I/we are willing to provide all requested documents and to respond to all Servicer questions in a timely manner.
- 9 I/we understand that the Servicer will use the information in this document to evaluate my/our eligibility for a loan modification or short sale or deed-in-lieu of foreclosure, but the Servicer is not obligated to offer me/us assistance based solely on the statements in this document.
- 10 I/we agree that any prior waiver as to payment of escrow items in connection with my/our loan has been revoked.
- 11 I/we agree to the establishment of an escrow account and the payment of escrow items if an escrow account never existed on the loan.
- 12 I/we understand that the Servicer will collect and record personal information, including, but not limited to, my/our name, address, telephone number, social security number, credit score, income, payment history, government monitoring information, and information about account balances and activity. I/we understand and consent to the disclosure of my/our personal information and the terms of any Making Home Affordable Agreement by Servicer to (a) the U.S. Department of the Treasury, (b) Fannie Mae and Freddie Mac in connection with their responsibilities under the Homeowner's Affordability and Stability Plan; (c) any investor, insurer, guarantor or servicer that owns, insures, guarantees or services my/our first lien or subordinate lien (if applicable) mortgage loan(s); (d) companies that perform support services in conjunction with Making Home Affordable; and (e) any HUD certified housing counselor.
- 13 I/we agree that to be considered for the Making Home Affordable program all required documentation must be received no later than 7 business days prior to the scheduled foreclosure sale date. If the property is in the state of Florida, a complete package must be received 30 business days prior to the scheduled foreclosure sale date.
- 14 I/we understand the Servicer will not refer the account to foreclosure or conduct the foreclosure sale if already referred, while it is being reviewed for the Making Home Affordable program unless required by your investor. The review will not begin until all required documentation is received.
- 15 ☐ My/Our property is owner occupied; I/we intend to reside in this property for the next twelve months.
☐ My/Our property is not owner occupied.

Borrower Signature

Date

Co-Borrower Signature

Date



Please be aware we will not be able to process your request until all parts of the application have been completed including signatures and all necessary supporting documentation has been supplied.

If you have questions about this document or the modification process, please call us at the phone number listed on your monthly account statement. If you need further counseling, you can call the Homeowner's HOPE™ Hotline at 1-888-995-HOPE (4673). The Hotline can help with questions about the program and offers free HUD-certified counseling services in English and Spanish.

1-888-995-HOPE

Homeowner's HOPE Hotline

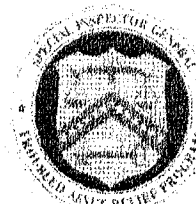
NOTICE TO BORROWERS

Be advised that you are signing the following documents under penalty of perjury. Any misstatement of material fact made in the completion of these documents including but not limited to misstatement regarding your occupancy in your home, hardship circumstances, and/or income will subject you to potential criminal investigation and prosecution for the following crimes: perjury, false statements, mail fraud, and wire fraud. The information contained in these documents is subject to examination and verification. Any potential misrepresentation will be referred to the appropriate law enforcement authority for investigation and prosecution.

By signing the enclosed documents you certify, represent and agree that:

"Under penalty of perjury, all documents and information I have provided to Lender in connection with this Agreement, including the documents and information regarding my eligibility for the program, are true and correct."

If you are aware of fraud, waste, abuse, mismanagement or misrepresentations affiliated with the Troubled Asset Relief Program, please contact the SIGTARP Hotline by calling 1-877-SIG-2009 (toll-free), 202-622-4559 (fax), or www.sigarp.gov. Mail can be sent to Hotline Office of the Special Inspector General for Troubled Asset Relief Program, 1801 L St. NW, Washington, DC 20220.




Version 120810

April 6, 2012

Dear Mr. Davis:

Enclosed you will find the application for the NJ Home keeper grant that we submitted last month. Your signature is missing from the application. Please sign and return the signed application back to me. Your file is sitting in a pending status until I receive the form signed from you and forward it to NJ Housing. If you have any questions or concerns, please let me know. Thank you.


Georgene DeAndrea

STATEMENT OF CREDIT DENIAL, TERMINATION OR CHANGE

FROM: New Jersey Housing and Mortgage Finance Agency
637 So. Clinton Avenue
Trenton, NJ 08650-2085
Phone: (609) 278-7480

DATE: July 13, 2012

TO: George Davis
52 Four Farm Road
Pennington, NJ 08534

I. Description of Account, Transaction, or Requested Credit: **HOMEKEEPER MORTGAGE LOAN**

II. Description of Adverse Action Taken: Denial

III. Principal Reason(s) for Adverse Action Concerning this Credit:
In compliance with Regulation "B" (Equal Credit Opportunity Act), you are advised that your recent application for credit has been declined/terminated/changed. The decision to deny/terminate/change your application was based on the following reason(s):

1. Incomplete application: missing documentation including required profit and loss statement
2. First mortgage arrearages exceed \$36,000 (monthly payment assistance and arrearage assistance)
3. No evidence of unemployment/underemployment beginning within the 36 months preceding the date of application

IV. Disclosure of Use of Information Obtained from an Outside Source:

☐ Disclosure inapplicable

☒ Our credit decision was based in whole or in part on information obtained in a report from the consumer reporting agency listed below. You have a right under the Fair Credit Reporting Act to know the information contained in your credit file at the consumer reporting agency. The reporting agency played no part in our decision and is unable to supply specific reasons why we have denied credit to you. You also have a right to a free copy of your report from the reporting agency, if you request it no later than 60 days after you receive this notice. In addition, if you find that any information contained in the report you receive is inaccurate or incomplete, you have the right to dispute the matter with the reporting agency. The name, address and phone number of the reporting agency is shown below:

Name: KROLL FACTUAL DATA
Street Address: 5200 HAHNS PEAK DRIVE
City, State, Zip: LOVELAND, CO 80538
Telephone: (800) 324-5005

☒ Our credit decision was based in whole or in part on information obtained from an affiliate or from an outside source other than a consumer reporting agency. Under the Fair Credit Reporting Act, you have the right to make a written request, no later than 60 days after you receive this notice, for the disclosure of the nature of this information.

V. ECOA Notice

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning this creditor is:

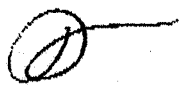
Federal Trade Commission
Bureau of Consumer Protection
Division of Financial Practices
1 Bowling Green
New York, NY 10004
(877) 382-4357

VI. Applicant's Right to Appeal

If you disagree with this determination, you have the right to request an appeal. Please provide the NJ HomeKeeper Program with a written request for appeal within twenty (20) days from the date of the denial. The scope of the written request should be as specific as possible and limited to the reason(s) for the denial. If you would like to review the HomeKeeper Program Guidelines, they may be found at www.njhomekeeper.gov. Your written request for appeal must be directed to:

NJ HomeKeeper Program - Appeals
637 S. Clinton Ave.
P.O. Box 18550
Trenton, New Jersey 08650-2085

Notice ☒ Mailed

By: 
Dana Iribacher
Assistant Director, Single Family Division

Form ML1030

NOVADEBT

IMPORTANT INFORMATION ABOUT YOUR PRIVACY RIGHTS

PRIVACY NOTICE

**NOVADEBT
AND**

THE HOMEOWNERSHIP PRESERVATION FOUNDATION

Protecting your privacy is important to Novadebt. Novadebt is referred to in this notice as "Agency") and the Homeownership Preservation Foundation (the "Foundation")(collectively "we" or "us"). Agency and the Foundation are committed to assuring the privacy of individuals and or families ("you") who have contacted us for assistance, housing education and counseling services. This notice explains what information we may collect about you, how each of us may use it and how we each protect it. Agency and Foundation are individually responsible for complying with their respective obligations under this Joint Privacy Policy.

A. How We Collect Nonpublic Personal Information

Agency and Foundation each collects and use various types of nonpublic personal information about you and your financial situation to provide you services, respond to your requests, and manage our own businesses. This information includes:

- Information you provide directly (either in-person, through the Internet, the phone or forms you complete), such as your name, address, social security number and real estate lender;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions;
- Information from consumer reporting agencies (e.g., credit reports); and
- Information from your lenders.

B. Sharing of Your Nonpublic Personal Information between the Agency and Foundation

Because Agency and Foundation have a joint services agreement with each other, any information, as described above, that is collected by Foundation will be shared with the Agency and any information, as described above, collected by the Agency will be shared with the Foundation.

C. How We Use Your Nonpublic Personal Information

- Agency and Foundation may share all of your nonpublic personal information that we collect from you, as described above, with companies which perform services on our behalf. These companies are contractually obligated to keep the information we provide to them confidential, and to use the information we share only to provide the services we ask them to perform.
- Agency and Foundation do not disclose, nor do we reserve the right to disclose, any nonpublic personal information about our customers or former customers except as required or permitted by law. For example, nonpublic personal information, as

described above, may be disclosed to provide you with housing counseling and education and other services that you request or authorize, including to mortgage lenders and servicers with whom you have loans, as part of our efforts to address your mortgage concerns.

- In addition, we each may also use and aggregate reports and *anonymous* case file information with government agencies, financial supporters, and nonprofit organizations to evaluate our services, to gather valuable research information, and to design future programs. We do not disclose identifiable personal information to these entities without your consent unless required or permitted by law.

D. How We Protect Your Nonpublic Personal Information

Agency and the Foundation each individually restrict access to nonpublic personal information about you to our employees and agents who need your information to provide services to you or for quality control and research purposes. Agency and the Foundation maintain physical, administrative and technical safeguards that comply with Federal regulations to protect your nonpublic personal information.

E. How We Treat Former Customers

Even if you are no longer our customer, the privacy practices described in this notice will continue to apply to you.

F. Relation to Other Privacy Policies

This privacy notice only pertains to the housing counseling services provided to you by us. Agency may provide other services that are not subject to this policy.

G. How Our Services are Funded

Our services are paid for by fees and donations from various sources including mortgage lenders and servicers, government agencies, other non-profit organizations, and the Administrator's of the Making Home Affordable Program. Furthermore, services paid for by fees from mortgage lenders and servicers partially cover our cost of providing foreclosure prevention counseling, but in no way influence or control counseling recommendations or potential outcomes mortgage lenders or servicers may provide. Because of the diverse funding we receive from other sources such as NFMCC, HUD, Fannie Mae, Freddie Mac, and the Administrators of the Making Home Affordable program, how we operate our program is monitored and therefore offers further protection to our customers.

If you have any questions or concerns about this notice, please contact us at 1-866-472-4557 or novadebthousing@novadebt.org.

* * * * *





Mortgage Loan Assistance Application

Date: 03/02/2012

Name: First: George M: _____ Last: Davis

Street Address: 52 Poor Farm Road City: Pennington State: NJ Zip: 08534

Phone #: (609) 737-0357 Phone #2: _____ Social Security Number: [REDACTED]

Birthdate: 8/5/1941 Race: White Other: _____

Hispanic: ☐ Yes ☒ No Place of Birth: Pa

Marital Status: Married Gender: Male Disabled: No Veteran: No

Household Type: Married without dependents Head of Household Yes

Received Foreclosure Notice: Yes Has your loan been modified in the past 6 months? No

Filed For Bankruptcy: No Bankruptcy Discharge Date: _____

Family Size: 2 How many dependents? 0 What ages are they? _____

Disabled Dependent: Yes Total Co-Homeowners: None Education: Below High School Diploma

What is the primary reason for your hardship and/or loan default? _____

Unemployment

CO-HOMEOWNER

Name: First: _____ M: _____ Last: _____

Phone #: _____ Phone #2: _____ Social Security Number: _____

Birthdate: _____ Race: _____ Other: _____

Hispanic: ☐ Yes ☐ No Place of Birth: _____ Education: _____

Marital Status: _____ Gender: _____ Disabled: _____ Veteran: _____

Relationship to Homeowner: _____ Other: _____

EMPLOYMENT

Primary Employer: Unemployed Position: owner Self Employed: Yes

Net Income: \$ 1,520.00 Years in Profession: 11 Hire Date: 01/01/2010

This amount is paid: Monthly

Co-Homeowner Employment

Primary Employer: _____ Position: _____ Self Employed: _____

Net Income: \$ 423.70 Years in Profession: _____ Hire Date: _____

This amount is paid: Monthly